APR 2 9 2009

MAINEETHICS COMMISSION

Financial Disclosure by Executive Employees

Filing Form Covering Calendar Year 2008 Filing Deadline: Thursday, April 30, 2009, 5 p.m.

(Write "N/A" if a question is not applicable to you. Use additional sheets if needed to fully answer any question.) Section 1: Name/Address/Phone Your name: ROBERT A. WILLIAMS Your Agency/Department/Bureau/Division: DEPT. OF PUBLIC SAFETY - STATE POLICE BUREAU Your Title: DEPUTY CHIEF Your State Agency Mailing Address: 45 COMMERCE DRIVE, SUITE 1, 42 SHS, AUGUSTA, ME 04333-0042 Your State Agency Phone Number: 207-724-7200 Section 2: Statement of sources of income (as required by 5 MRSA §19 sub-§2) 2. Aside from employment in state government: If during 2008 you were neither separately employed by another person, firm, corporation, association or organization, nor self-employed, nor had any other sources of income over \$1000 from each source, check the following box and skip to question 3. 2-A. If, during 2008, you were an employee of another person, firm, corporation, association, or organization as opposed to being self-employed, fill out the following; if not, go to question 2-B; The name of the employing entity: Its address: The nature of the business (its principal type of economic activity; for a law firm, the firm's major areas of practice):

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	2-B. If you were self-employed during 2008: (Note: "Self-employed" is defined by 5 MRSA §19 sub-§1 ¶J as an "independent contractor" as defined in 39-A MRSA §102 sub-§13, which says in part: "Independent contractor' means a person who performs services for another under contract, but who is not under the essential control or superintendence of the other person while performing those services." It does not cover interest income and similar non-contracted income, sources for which should be reported under question 2-C below.)
	The name of your business:
·	Its address:
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	The nature of the business (your principal type of economic activity; for an attorney, your major areas of
· + 1	practice):
;	Production of the state of the
	Name each source of income through self-employment that brings either: more than \$1000; or more than 10% of your gross income whichever is greater, excluding gifts. (To clarify this: if no source contributes more than \$1000, you don't have to report. If you enjoy many large sources over \$1000, you have to report only those that contribute more than 10% to your gross. For a definition of income, see 5 MRSA §19 sub-§1 ¶H, attached; of gifts, 5 MRSA §19 sub-§1 ¶E. If this form of disclosure is prohibited by statute, rule, or an established code of ethics for your profession, specify instead the principal type of economic activity from which sources of income under this paragraph derive.)
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·	2-C. If you had other sources of income over \$1000 each, excluding gifts, list them here. (For a definition of income, see 5 MRSA §19 sub-§1 ¶H, attached; of gifts, 5 MRSA §19 sub-§1 ¶E.)
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Section 3. Gifts List the specific source of each gift received: (For a definition of gifts, see 5 MRSA §19 sub-§1 ¶E, attached.) NONE Section 4. Family Member Income List here the type of economic activity engaged in by any member of your immediate family which resulted in \$1,000 or more in 2008. If the income was received by your spouse or domestic partner, list his or her name. If the income received by an immediate family member is derived from employment or compensation, also include the job title. JOYCE WILLIAMS, WIFE DEPT. OF CORRECTIONS PROBATION OFFICER Section 5. Honoraria List here the sources of any honoraria (not travel or expenses) accepted for appearances or speeches related to your official duties. (For a definition of honorarium, see 5 MRSA §19 sub-§1 ¶F, attached. Note that this involves honoraria in any amount, not just amounts over \$1000.) NONE Section 6. Compensated work on behalf of executive branch agencies Aside from your official salary, list here each executive agency before which you or an immediate family member has represented or assisted others in return for compensation of any amount: OM LICO BININGL OLIGUA WATOM NONE

List here each executive branch age	ncy to which you or your immedi	iate family members sol	d goods or services with a va	alue in
excess of \$1000:				
NONE				
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·		•		
	Section 8. Report			
List here the name(s) of your credito relative. This does not include credit business loans from most financial ir relatives, same, ¶l.)	t card liabilities, most educationa	al loans, campaign contr	butions otherwise recorded	by law, or
NONE			mangan sa Sulangan	
NONE		Sp. Commission in Section of Section	Extra construction of the	
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Contract Con		· ·		
	Oath or Affirmation			
"Do you solemnly swear (affirm) that true (so help you God)?"	the contents of this report are kr	nown to you and that the	matters and things therein	set forth are
	0-			
Signature	e of Executive Employee:	N Co		
	1 100 100			
Date:	4/22/09			
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Subscribed and sworn (affirmed) to b	pefore me this <u>22</u> day of <u>AF</u>	PRIL .	2009	1
	Signature of Maine Notary Pu	ublic: AM	en Colle	W
		7/7	Notary Public, Sta	ate of Maine
1 18 18 18 18 18 18 18 18 18 18 18 18 18		101	22/2015	
	JANINE COLLINS NOTARY PUBLIC MAINE		My commission ex	pires (date)
Seal (optional)	MY COMMISSION EXPIRES 10/22/2	2015		

Section 7. Sales to executive branch agencies

Return to:

Cyndi Phillips, Commission Assistant Commission on Governmental Ethics and Election Practices 135 State House Station, Augusta, ME 04333-0135